

BRFSS

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2013



Indiana: Path B



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## INTRO

INTROQST	Select
Ask If	
HELLO, I am calling for the {CDEPT}. My name is [Interviewer Name]. We are gathering information about the health of {STTEXT} residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. Is this {PHONE7}?	
1	YES, CONTINUE PRIVRES
2	NUMBER IS NOT THE SAME WRONGNUM

WRONGNUM	Key
Ask If	INTROQST = 2
Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.	
	INTROQST

PRIVRES	Select
Ask If	INTROQST = 1
Is this a private residence? READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."	
1	YES, CONTINUE STATRES
2	NO, NON-RESIDENTIAL COLLEGE
3	NO, BUSINESS PHONE ONLY BUSINES

BUSINES	Key
Ask If	PRIVRES = 3
Thank you very much but we are only interviewing persons on residential phones lines at this time.	
	DISPOS 4500

<b>COLLEGE</b>	Select
Ask If	PRIVRES = 2
Do you live in college housing?	
READ ONLY IF NECESSARY:	
"By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university."	
1	YES, CONTINUE STATRES
2	NO NONRES

<b>NONRES</b>	Key
Ask If	COLLEGE = 2
Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.	
DISPOS 4500	

<b>STATRES</b>	Key
Ask If	PRIVRES = 1 OR COLLEGE = 1
Do you reside in <b>{STATE}</b> ?	
1	YES ISCELL
2	NO NONSTAT

<b>NONSTAT</b>	Key
Ask If	STATRES = 2
Thank you very much, but we are only interviewing persons who live in the state of <b>{STATE}</b> at this time.	
DISPOS 4100	

<b>ISCELL</b>	Select
Ask If	STATRES = 1
Is this a cellular telephone?	
INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES).	
READ ONLY IF NECESSARY:	
"By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."	
1	NO, NOT A CELLULAR TELEPHONE, CONTINUE
2	YES, A CELLULAR TELEPHONE CELLYES

<b>CELLYES</b>	Key
Ask If	ISCELL = 2
Thank you very much, but we are only interviewing by land line telephones and for private residences or college housing.	
	DISPOS 4450

<b>LLADULT</b>	Select	
Ask If	COLLEGE = 1	
Are you 18 years of age or older?		
NOTE: ASK GENDER IF NECESSARY		
1	Yes and the respondent is male	YOURTHE1
2	Yes and the respondent is female	YOURTHE1
3	No	LLNOADLT

<b>LLNOADLT</b>	Key
Ask If	LLADULT = 3
Thank you very much, but we are only interviewing persons aged 18 or older at this time.	
	DISPOS 4700

<b>ADULTS</b>	Numeric
Ask If	PRIVRES = 1
I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?	
	NUMBER OF ADULTS

<b>MEN</b>	Numeric
Ask If	ADULTS > 1
How many of these adults are men?	
	NUMBER OF MEN

<b>WOMEN</b>	Numeric
Ask If	ADULTS > 1
How many of these adults are women?	
	NUMBER OF WOMEN

<b>WRONGTOT</b>		Select
Ask If	MEN + WOMEN <> ADULTS	
I'm sorry, something is not right.		
	Number of Men	- {MEN}
	Number of Women	- + {WOMEN}
		-----
	Number of Adults	- {ADULTS}
1	CORRECT THE NUMBER OF MEN	MEN
2	CORRECT THE NUMBER OF WOMEN	WOMEN
3	CORRECT THE NUMBER OF ADULTS	ADULTS

<b>SELECTED</b>		Select
Ask If	ADULTS > 1 AND (MEN + WOMEN) = ADULTS	
The person in your household I need to speak with is the {SRESP}.		
Are you the {SRESP}?		
1	YES	YOURTHE1
2	NO	GETNEWAD

<b>ONEADULT</b>		Select
Ask If	ADULTS = 1	
Are you the adult?		
INTERVIEWER NOTE: ASK GENDER IF NECESSARY.		
1	YES AND THE RESPONDENT IS A MALE.	YOURTHE1
2	YES AND THE RESPONDENT IS A FEMALE.	YOURTHE1
3	NO	

<b>ASKGENDR</b>		Select
Ask If	ADULTS = 1 AND ONEADULT = 3	
Is the Adult a man or a woman?		
1	MALE	
2	FEMALE	

<b>GETADULT</b>	Select
Ask If	ONEADULT = 3
May I speak with...	
{IF ASKGENDR = 1, ...him?, ...her?}	
1	YES, ADULT IS COMING TO THE PHONE NEWADULT
2	NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK NEWADULT

<b>YOURTHE1</b>	Select
Ask If	SELECTED = 1 OR ONEADULT < 3
Then you are the person I need to speak with.	
1	PERSON INTERESTED, CONTINUE INTROSCR
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED ADULTS

<b>GETNEWAD</b>	Select
Ask If	SELECTED = 2
May I speak with the <b>{SRESP}</b> ?	
1	YES, SELECTED RESPONDENT COMING TO THE PHONE NEWADULT
2	NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK NEWADULT
3	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED ADULTS

<b>NEWADULT</b>	Select
Ask If	GETADULT = 1 OR GETADULT = 2 OR GETNEWAD = 1 OR GETNEWAD = 2
HELLO, I am calling for the <b>{CDEPT}</b> . My name is <b>[Interviewer Name]</b> . We are gathering information about the health of <b>{STTEXT}</b> residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.	
1	PERSON INTERESTED, CONTINUE INTROSCR
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED ADULTS

## Core Sections

<b>INTROSCR</b>	Select
Ask If	
I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call <b>{CPHONE}</b> .	
1 PERSON INTERESTED, CONTINUE	C01INTRO
2 GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED	ADULTS

## Section 01: Health Status

<b>C01INTRO</b>	Pause
Ask If	

<b>C01Q01</b>	Select
Ask If	
Would you say that in general your health is...	
PLEASE READ:	
1	Excellent
2	Very good
3	Good
4	Fair or
5	Poor
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C01END</b>	Pause
Ask If	

## Section 02: Healthy Days -- Health-Related Quality of Life

<b>C02INTRO</b>	Pause
Ask If	

<b>C02Q01</b>	Numeric	
Ask If		
Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?		
_____ NUMBER OF DAYS		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
1	MIN	CONTROL
30	MAX	CONTROL

<b>C02Q02</b>	Numeric	
Ask If		
Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?		
_____ NUMBER OF DAYS		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
1	MIN	CONTROL
30	MAX	CONTROL

If C02Q01 and C02C02 = 88(none), go to next section

<b>C02Q03</b>	Numeric	
Ask If	NOT(C02Q01 = 88 AND C02Q02 = 88)	
During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?		
_____ NUMBER OF DAYS		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
1	MIN	CONTROL
30	MAX	CONTROL



<b>C02END</b>	Pause
Ask If	

### Section 03: Health Care Access

<b>C03INTRO</b>	Pause
Ask If	

<b>C03Q01</b>	Select
Ask If	
Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?	
1	YES [IF PPHF STATE GO TO MODULE 4, QUESTION 1, ELSE CONTINUE]
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C03Q02</b>	Select
Ask If	
Do you have one person you think of as your personal doctor or health care provider?	
INTERVIEWER NOTE: IF "NO" ASK:	
"Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"	
1	YES, ONLY ONE
2	MORE THAN ONE
3	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C03Q03</b>	Select
Ask If	
Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

CATI Note: If PPHF State go to Module 4, Question 3, else continue

<b>C03Q04</b>	Select
Ask If	
About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	
1	Within the past year (anytime less than 12 months ago)
2	Within the past 2 years (1 year but less than 2 years ago)
3	Within the past 5 years (2 years but less than 5 years ago)
4	5 or more years ago
7	DON'T KNOW/NOT SURE
8	NEVER
9	REFUSED

CATI Note: If PPHF State and Q3.1 = 1 go to Module 4, Question 4a or  
If PPHF State and Q3.1 = 2, 7, or 9 go to Module 4, Question 4b, or if  
not a PPHF State go to next section

<b>C03END</b>	Pause
Ask If	

## Section 04: Inadequate Sleep

<b>C04INTRO</b>	Pause
Ask If	

<b>C04Q01</b>	Numeric
Ask If	
I would like to ask you about your sleep pattern. On average, how many hours of sleep do you get in a 24-hour period? INTERVIEWER NOTE: ENTER HOURS OF SLEEP IN WHOLE NUMBERS, ROUNDING 30 MINUTES (1/2 HOUR) OR MORE UP TO THE NEXT WHOLE HOUR AND DROPPING 29 OR FEWER MINUTES.	
___	NUMBER OF HOURS [01-24]
77	DON'T KNOW/NOT SURE
99	REFUSED
1	MIN CONTROL
24	MAX CONTROL

<b>C04END</b>	Pause
Ask If	

## Section 05: Hypertension Awareness

<b>C05INTRO</b>	Pause
Ask If	

<b>C05Q01</b>	Select	
Ask If		
Have you <b>EVER</b> been told by a doctor, nurse, or other health professional that you have high blood pressure?		
READ ONLY IF NECESSARY:		
"By 'other health professional' we mean a nurse practitioner, a physician's assistant, or some other licensed health professional."		
IF "YES" AND RESPONDENT IS FEMALE, ASK:		
"Was this only when you were pregnant?"		
1	Yes	
2	Yes, but female told only during pregnancy	C05END
3	No	C05END
4	Told borderline high or pre-hypertensive	C05END
7	DON'T KNOW/NOT SURE	C05END
9	REFUSED	C05END

<b>C05Q01V</b>	Select	
Ask If	RESPGEND = 1 AND C05Q01 = 2	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD HIGH BLOOD PRESSURE. ARE YOU SURE?		
THE RESPONDENT SELECTED WAS THE		
<b>{SRESP}</b>		
IS THE PREVIOUS ANSWER CORRECT?		
1	YES	
2	NO	C05Q01

<b>C05Q02</b>	Select
Ask If	C05Q01 = 1
Are you currently taking medicine for your high blood pressure?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C05END</b>	Pause
Ask If	

## Section 06: Cholesterol Awareness

<b>C06INTRO</b>	Pause
Ask If	

<b>C06Q01</b>	Select
Ask If	
Blood cholesterol is a fatty substance found in the blood. Have you <b>EVER</b> had your blood cholesterol checked?	
1 YES	
2 NO	C06END
7 DON'T KNOW/NOT SURE	C06END
9 REFUSED	C06END

<b>C06Q02</b>	Select
Ask If	C06Q01 = 1
About how long has it been since you last had your blood cholesterol checked?	
<b>READ ONLY IF NECESSARY:</b>	
1 Within past year (anytime less than 12 months ago)	
2 Within past 2 years (1 year but less than 2 years ago)	
3 Within past 5 years (2 years but less than 5 years ago)	
4 5 or more years ago	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>C06Q03</b>	Select
Ask If	C06Q01 = 1
Have you <b>EVER</b> been told by a doctor, nurse or other health professional that your blood cholesterol is high?	
1 YES	
2 NO	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>C06END</b>	Pause
Ask If	



## Section 07: Chronic Health Conditions

<b>C07INTRO</b>	Pause
Ask If	

<b>C07Q01</b>	Select
Ask If	
Now I would like to ask you some questions about general health conditions.	
Has a doctor, nurse or other health professional <b>EVER</b> told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."	
(Ever told) you that you had a heart attack also called a myocardial infarction?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C07Q02</b>	Select
Ask If	
(Ever told) you had angina or coronary heart disease?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C07Q03</b>	Select
Ask If	
(Ever told) you had a stroke?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C07Q04</b>	Select
Ask If	
(Ever told) you had asthma?	
1	YES
2	NO
	C07Q06
7	DON'T KNOW/NOT SURE
	C07Q06
9	REFUSED
	C07Q06

<b>C07Q05</b>	Select
Ask If	C07Q04 = 1
Do you still have asthma?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C07Q06</b>	Select
Ask If	
(Ever told) you had skin cancer?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C07Q07</b>	Select
Ask If	
(Ever told) you had any other types of cancer?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C07Q08</b>	Select
Ask If	
(Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema, or chronic bronchitis?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C07Q09</b>	Select
Ask If	
(Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	
INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:	
<ul style="list-style-type: none"> <li>- rheumatism, polymyalgia rheumatica</li> <li>- osteoarthritis (not osteoporosis)</li> <li>- tendonitis, bursitis, bunion, tennis elbow</li> <li>- carpal tunnel syndrome, tarsal tunnel syndrome</li> <li>- joint infection, Reiter's syndrome</li> <li>- ankylosing spondylitis; spondylosis</li> <li>- rotator cuff syndrome</li> <li>- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome</li> <li>- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis),</li> <li>- polyarteritis nodosa</li> </ul>	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C07Q10</b>	Select
Ask If	
(Ever told) you have a depressive disorder including depression, major depression, dysthymia, or minor depression?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C07Q11</b>	Select
Ask If	
(Ever told) you have kidney disease? Do <b>NOT</b> include kidney stones, bladder infection or incontinence.	
INTERVIEWER NOTE: Incontinence is not being able to control urine flow.	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C07Q12</b>	Select
Ask If	
(Ever told) you have diabetes?	
INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK:	
"Was this only when you were pregnant?"	
IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.	
1	YES
2	YES, BUT FEMALE TOLD ONLY DURING PREGNANCY
3	NO
4	NO, PRE-DIABETES OR BORDERLINE DIABETES
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C07Q12V</b>	Select
Ask If	RESPGEND=1 AND C07Q12=2
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD DIABETES. ARE YOU SURE?	
THE RESPONDENT SELECTED WAS THE	
<b>{SRESP}</b>	
IS THE PREVIOUS ANSWER CORRECT?	
1	YES
2	NO
	C07Q12

<b>C07END</b>	Pause
Ask If	

CATI NOTE: If C07Q12 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to C07Q12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

## Module 01: Pre-Diabetes

**CATI NOTE: Insert after SECTION C07**

CATI NOTE: Only asked of those not responding "Yes" (code = 1) to Core C07Q12 (Diabetes awareness question).

<b>M01INTRO</b>	Pause
Ask If	C07Q12 > 1

<b>M01Q01</b>	Select
Ask If	C07Q12 >1
Have you had a test for high blood sugar or diabetes within the past three years?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

CATI NOTE: If Core C07Q12 = 4 (No, pre-diabetes or borderline diabetes); answer M01Q02 = Yes

<b>M01Q02</b>	Select
Ask If	(C07Q12 > 1 AND C07Q12 < 4) OR C07Q12 > 4
Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?	
IF "YES" AND RESPONDENT IS FEMALE, ASK:	
"Was this only when you were pregnant?"	
1	Yes
2	Yes, during pregnancy
3	No
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>M01Q02V</b>	Select
Ask If	RESPGEND = 1 AND M01Q02 = 2
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD PRE-DIABETES OR BORDERLINE DIABETES. ARE YOU SURE?</p> <p>THE RESPONDENT SELECTED WAS THE</p> <p><b>{SRESP}</b></p> <p>IS THE PREVIOUS ANSWER CORRECT?</p>	
1	YES
2	NO
	M01Q02

<b>M01END</b>	Pause
Ask If	

## Module 02: Diabetes

**CATI NOTE: Insert after SECTION C07**

CATI NOTE: Only asked of those responding "Yes" (code = 1) to Core C07Q12 (Diabetes awareness question).

<b>M02INTRO</b>	Pause
Ask If	C07Q12 = 1

<b>M02Q01</b>	Numeric	
Ask If	C07Q12 = 1	
How old were you when you were told you have diabetes?		
___ CODE AGE IN YEARS [97 = 97 or older]		
98	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
97	MAX	CONTROL

<b>M02Q02</b>	Select
Ask If	C07Q12 = 1
Are you now taking insulin?	
1	YES
2	NO
9	REFUSED

<b>M02Q03</b>	Numeric	
Ask If	C07Q12 = 1	
About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do <b>NOT</b> include times when checked by a health professional.		
101-199 = PER DAY                      301-399 = PER MONTH		
201-299 = PER WEEK                    401-499 = PER YEAR		
___ TIMES		
888	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
499	MAX	CONTROL



<b>M02Q03V</b>		Select
Ask If	(M02Q03 > 105 AND M02Q03 < 200) OR (M02Q03 > 235 AND M02Q03 < 300)	
INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS BLOOD {M02Q03} TIMES PER DAY/WEEK/MONTH/YEAR		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	M02Q03

<b>M02Q04</b>		Numeric
Ask If	C07Q12 = 1	
About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do <b>NOT</b> include times when checked by a health professional.		
101-199 = PER DAY                      301-399 = PER MONTH		
201-299 = PER WEEK                    401-499 = PER YEAR		
_____ TIMES		
555	NO FEET	
888	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
499	MAX	CONTROL

<b>M02Q04V</b>		Select
Ask If	(M02Q04 > 105 AND M02Q04 < 200) OR (M02Q04 > 235 AND M02Q04 < 300)	
INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS THEIR FEET {M02Q04} TIMES PER DAY/WEEK/MONTH/YEAR		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	M02Q04

<b>M02Q05</b>	Numeric	
Ask If	C07Q12 = 1	
About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?		
NUMBER OF TIMES [76 = 76 or more]		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

<b>M02Q05V</b>	Select	
Ask If	M02Q05 > 52 AND M02Q05 < 77	
INTERVIEWER YOU RECORDED THE RESPONDENT HAS SEEN A HEALTH PROFESSIONAL {M02Q05} TIMES IN THE PAST 12 MONTHS.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	M02Q05

<b>M02Q06</b>	Numeric	
Ask If	C07Q12 = 1	
A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?		
NUMBER OF TIMES [76 = 76 or more]		
88	NONE	
98	NEVER HEARD OF "A ONE C" TEST	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

<b>M02Q06V</b>	Select	
Ask If	M02Q06 > 52 AND M02Q06 < 77	
INTERVIEWER YOU RECORDED THE RESPONDENT HAS BEEN CHECKED FOR "A ONE C" BY A HEALTH PROFESSIONAL {M02Q06} TIMES IN THE PAST 12 MONTHS.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	M02Q06

CATI NOTE: If M02Q04 = 555 "No feet", go to M02Q08.

<b>M02Q07</b>	Numeric	
Ask If	C07Q12 = 1 AND M02Q04 <> 555	
About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?		
NUMBER OF TIMES [76 = 76 or more]		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

<b>M02Q07V</b>	Select	
Ask If	M02Q07 > 52 AND M02Q07 < 77	
INTERVIEWER YOU RECORDED THE RESPONDENT HAS HAD THEIR FEET CHECKED BY A HEALTH PROFESSIONAL {M02Q07} TIMES IN THE PAST 12 MONTHS.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	M02Q07

<b>M02Q08</b>	Select	
Ask If	C07Q12 = 1	
When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.		
READ ONLY IF NECESSARY:		
1	Within the past month (anytime less than 1 month ago)	
2	Within the past year (1 month but less than 12 months ago)	
3	Within the past 2 years (1 year but less than 2 years ago)	
4	2 or more years ago	
7	DON'T KNOW/NOT SURE	
8	NEVER	
9	REFUSED	

<b>M02Q09</b>	Select
Ask If	C07Q12 = 1
Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>M02Q10</b>	Select
Ask If	C07Q12 = 1
Have you ever taken a course or class in how to manage your diabetes yourself?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>M02END</b>	Pause
Ask If	

## Section 08: Demographics

<b>C08INTRO</b>	Pause
Ask If	

<b>C08Q01</b>	Numeric	
Ask If		
What is your age?		
_____	CODE AGE IN YEARS [99 = 99 years or older]	
07	DON'T KNOW/NOT SURE	
09	REFUSED	
18	MIN	CONTROL
99	MAX	CONTROL

<b>C08Q01V</b>	Select	
Ask If	M02Q01 > C08Q01 AND M02Q01 < 98 AND C08Q01 > 18	
INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C08Q01} YEARS OLD! YOU INDICATED EARLIER THEY WERE TOLD THEY HAD DIABETES AT AGE {M02Q01}! PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE OF THE RESPONDENT OR MAKE A NOTE TO CORRECT THE AGE THE RESPONDENT WAS DIAGNOSED AS A DIABETIC.		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C08Q01

<b>C08Q02A</b>	Select	
Ask If		
Are you Hispanic, Latino/a, or Spanish origin?		
1	YES	
2	NO	C08Q03
7	DON'T KNOW/NOT SURE	C08Q03
9	REFUSED	C08Q03

<b>C08Q02B</b>	Multiple Select	
Ask If	C08Q02A = 1	
(Are you Hispanic, Latino/a, or Spanish origin?)		
Are you...		
Mexican, Mexican American, Chicano/a		
Puerto Rican		
Cuban or		
Another Hispanic, Latino/a, or Spanish Origin		
<b>CHECK ALL THAT APPLY</b>		
1	Mexican, Mexican American, Chicano/a	
2	Puerto Rican	
3	Cuban	
4	Another Hispanic, Latino/a, or Spanish Origin	
5	NO	EXCLUSIVE
7	DON'T KNOW/NOT SURE	EXCLUSIVE
9	REFUSED	EXCLUSIVE

C08Q03		Multiple Select
Ask If		
Which one or more of the following would you say is your race?		
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.		
CHECK ALL THAT APPLY		
PLEASE READ:		
10	White	
20	Black or African American	
30	American Indian or Alaska Native	
40	Asian	
41	Asian Indian	
42	Chinese	
43	Filipino	
44	Japanese	
45	Korean	
46	Vietnamese	
47	Other Asian	
50	Pacific Islander	
51	Native Hawaiian	
52	Guamanian or Chamorro	
53	Samoan	
54	Other Pacific Islander	
60	Other [Specify]	OTHER
77	DON'T KNOW/NOT SURE	EXCLUSIVE
99	REFUSED	EXCLUSIVE
88	NO ADDITIONAL CHOICES	

CATI NOTE: If more than one response to C08Q03; continue. Otherwise, go to C08Q05

C08Q04		Select
Ask If	C08Q03 < 77 AND C08Q03.2 > 0 AND C08Q03.2 <> 88	
Which one of these groups would you say best represents your race?		
10	White	
20	Black or African American	
30	American Indian or Alaska Native	
40	Asian	
41	Asian Indian	
42	Chinese	
43	Filipino	
44	Japanese	
45	Korean	
46	Vietnamese	
47	Other Asian	
50	Pacific Islander	
51	Native Hawaiian	
52	Guamanian or Chamorro	
53	Samoan	
54	Other Pacific Islander	
60	Other [Specify]	OTHER
77	DON'T KNOW/NOT SURE	
99	REFUSED	

C08Q05		Select
Ask If		
Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but <b>DOES</b> include activation, for example, for the Persian Gulf War.		
1	Yes	
2	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	



<b>C08Q06</b>	Select
Ask If	
Are you...?	
PLEASE READ:	
1	Married
2	Divorced
3	Widowed
4	Separated
5	Never married Or
6	A member of an unmarried couple
9	REFUSED

<b>C08Q07</b>	Numeric	
Ask If		
How many children less than 18 years of age live in your household?		
___	NUMBER OF CHILDREN	
88	NONE	
99	REFUSED	
01	MIN	CONTROL
87	MAX	CONTROL

<b>C08Q08</b>	Select
Ask If	
What is the highest grade or year of school you completed?	
READ ONLY IF NECESSARY:	
1	Never attended school or only attended kindergarten
2	Grades 1 through 8 (Elementary)
3	Grades 9 through 11 (Some high school)
4	Grade 12 or GED (High school graduate)
5	College 1 year to 3 years (Some college or technical school)
6	College 4 years or more (College graduate)
9	REFUSED

<b>C08Q09</b>	Select
Ask If	
Are you currently...?	
PLEASE READ:	
1	Employed for wages
2	Self-employed
3	Out of work for 1 year or more
4	Out of work for less than 1 year
5	A Homemaker
6	A Student
7	Retired Or
8	Unable to work
9	REFUSED

CATI NOTE: If respondent refuses at ANY income level code income variable to 99 (refused).

<b>C08Q10d</b>	Select	
Ask If		
Is your annual household income from all sources: Less than \$25,000?		
1	YES	
2	NO	C08Q10e
7	DON'T KNOW/NOT SURE	C08Q10i
9	REFUSED	C08Q10i

<b>C08Q10c</b>	Select	
Ask If      C08Q10d = 1		
(Is your annual household income from all sources: ) Less than \$20,000?		
1	YES	
2	NO	C08Q10i
7	DON'T KNOW/NOT SURE	C08Q10i
9	REFUSED	C08Q10i

<b>C08Q10b</b>		Select
Ask If	C08Q10c = 1	
(Is your annual household income from all sources: )		
Less than \$15,000?		
1	YES	
2	NO	C08Q10i
7	DON'T KNOW/NOT SURE	C08Q10i
9	REFUSED	C08Q10i

<b>C08Q10a</b>		Select
Ask If	C08Q10b = 1	
(Is your annual household income from all sources: )		
Less than \$10,000?		
1	YES	C08Q10i
2	NO	C08Q10i
7	DON'T KNOW/NOT SURE	C08Q10i
9	REFUSED	C08Q10i

<b>C08Q10e</b>		Select
Ask If	C08Q10d = 2	
(Is your annual household income from all sources: )		
Less than \$35,000?		
1	YES	C08Q10i
2	NO	
7	DON'T KNOW/NOT SURE	C08Q10i
9	REFUSED	C08Q10i

<b>C08Q10f</b>		Select
Ask If	C08Q10e = 2	
(Is your annual household income from all sources: )		
Less than \$50,000?		
1	YES	C08Q10i
2	NO	
7	DON'T KNOW/NOT SURE	C08Q10i
9	REFUSED	C08Q10i

<b>C08Q10g</b>		Select
Ask If C08Q10f = 2		
(Is your annual household income from all sources: )		
Less than \$75,000?		
1	YES	C08Q10i
2	NO	C08Q10i
7	DON'T KNOW/NOT SURE	C08Q10i
9	REFUSED	C08Q10i

<b>C08Q10i</b>		Select
Ask If		
ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS:		
{If C08Q10g = 2, More than \$75,000?}		
{If C08Q10g = 1, \$50,000 to less than \$75,000}		
{If C08Q10f = 1, \$35,000 to less than \$50,000}		
{If C08Q10e = 1, \$25,000 to less than \$35,000}		
{If C08Q10c = 2, \$20,000 to less than \$25,000}		
{If C08Q10b = 2, \$15,000 to less than \$20,000}		
{If C08Q10a = 2, \$10,000 to less than \$15,000}		
{If C08Q10a = 1, Less than \$10,000}		
{Default, REFUSED/DON'T KNOW/NOT SURE}		
IS THIS CORRECT?		
1	YES	
2	NO	C08Q10d
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q11</b>		Numeric
Ask If		
About how much do you weigh without shoes?		
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 65 KILOGRAMS IS "9065" OR 105 KILOGRAMS IS "9105").		
ROUND FRACTIONS UP		
_____ WEIGHT (POUNDS/KILOGRAMS)		
7777	DON'T KNOW/NOT SURE	
9999	REFUSED	

<b>C08Q11V</b>	Select
Ask If	C08Q11 <> 7777 AND C08Q11 <> 9999 AND ((C08Q11<9000 AND (C08Q11<80 OR C08Q11>350)) OR (C08Q11>9000 AND (C08Q11<9035 OR C08Q11>9159)))
INTERVIEWER YOU INDICATED THE RESPONDENT WEIGHS {C08Q11} IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION <span style="float: right;">C08Q11</span>

<b>C08Q12</b>	Numeric
Ask If	
About how tall are you without shoes?  NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 165 CENTIMETERS IS "9165".  ROUND FRACTIONS DOWN	
___ / ___	HEIGHT (FT/INCHES/METERS/CENTIMETERS)
77/77	DON'T KNOW/NOT SURE
99/99	REFUSED

<b>C08Q12V</b>	Select
Ask If	(C08Q12<9000 AND (C08Q12>608 OR C08Q12<407)) OR (C08Q12>9000 AND (C08Q12>9206 OR C08Q12<9139))
INTERVIEWER YOU INDICATED THE RESPONDENT IS {C08Q12} IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION <span style="float: right;">C08Q12</span>

<b>ASKCNTY</b>	Numeric
Ask If	
What county do you live in?  ENTER FIRST LETTER OF COUNTY NAME	
___	ANSI COUNTY CODE (FORMERLY FIPS COUNTY CODE)
888	OTHER <span style="float: right;">OTHER</span>
777	DON'T KNOW/NOT SURE
999	REFUSED
001	MIN <span style="float: right;">CONTROL</span>
775	MAX <span style="float: right;">CONTROL</span>

CATI NOTE: SET MIN AND MAX BASED ON STATE ZIP RANGE

<b>C08Q14</b>	Numeric
Ask If	
What is the ZIP Code where you live?	
ZIP Code	
77777	DON'T KNOW/NOT SURE
99999	REFUSED

<b>C08Q15</b>	Select	
Ask If		
Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.		
1	YES	
2	NO	C08Q17
7	DON'T KNOW/NOT SURE	C08Q17
9	REFUSED	C08Q17

<b>C08Q16</b>	Select
Ask If	C08Q15 = 1
How many of these telephone numbers are residential numbers?	
1	ONE
2	TWO
3	THREE
4	FOUR
5	FIVE
6	SIX [6 = 6 OR MORE]
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C08Q17</b>	Select	
Ask If		
Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.		
1	YES	
2	NO	C08Q19
7	DON'T KNOW/NOT SURE	C08Q19
9	REFUSED	C08Q19

<b>C08Q18</b>	Numeric	
Ask If	C08Q17 = 1	
Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?		
_____ ENTER PERCENT (1 TO 100)		
888	ZERO	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
100	MAX	CONTROL

<b>C08Q19</b>	Select	
Ask If		
Have you used the internet in the past 30 days?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q20</b>	Select	
Ask If		
Do you own or rent your home?		
INTERVIEWER NOTE: "OTHER ARRANGEMENT" MAY INCLUDE GROUP HOME, STAYING WITH FRIENDS OR FAMILY WITHOUT PAYING RENT.		
INTERVIEWER NOTE: HOME IS DEFINED AS THE PLACE WHERE YOU LIVE MOST OF THE TIME/THE MAJORITY OF THE YEAR.		
1	OWN	
2	RENT	
3	OTHER ARRANGEMENT	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q21</b>	Select	
Ask If		
INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY		
1	MALE	
2	FEMALE	

<b>C08Q21V</b>	Select
Ask If	RESPGEND <> C08Q21
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS {C08Q21}. ARE YOU SURE?	
THE RESPONDENT SELECTED WAS THE	
<b>{SRESP}</b>	
IS THE PREVIOUS ANSWER CORRECT?	
1	YES
2	NO
	C08Q21

<b>C08Q22</b>	Select
Ask If	C08Q01 < 45 AND C08Q21 = 2
To your knowledge, are you now pregnant?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C08Q23</b>	Select
Ask If	
The following questions are about health problems or impairments you may have.	
Are you limited in any way in any activities because of physical, mental, or emotional problems?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C08Q24</b>	Select
Ask If	
Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?	
NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.	



1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C08Q25</b>	Select
Ask If	
Are you blind or do you have serious difficulty seeing, even when wearing glasses?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C08Q26</b>	Select
Ask If	
Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C08Q27</b>	Select
Ask If	
Do you have serious difficulty walking or climbing stairs?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C08Q28</b>	Select
Ask If	
Do you have difficulty dressing or bathing?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C08Q29</b>	Select
Ask If	
Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C08END</b>	Pause
Ask If	

## Section 09: Tobacco Use

<b>C09INTRO</b>	Pause
Ask If	

<b>C09Q01</b>	Select
Ask If	
Have you smoked at least 100 cigarettes in your entire life?	
INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES	
1 YES	
2 NO	C09Q05
7 DON'T KNOW/NOT SURE	C09Q05
9 REFUSED	C09Q05

<b>C09Q02</b>	Select
Ask If	C09Q01 = 1
Do you now smoke cigarettes every day, some days, or not at all?	
1 Everyday	
2 Some days	
3 Not at all	C09Q04
7 DON'T KNOW/NOT SURE	C09Q05
9 REFUSED	C09Q05

<b>C09Q03</b>	Select
Ask If	C09Q02 = 1 OR C09Q02 = 2
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	
1 YES	C09Q05
2 NO	C09Q05
7 DON'T KNOW/NOT SURE	C09Q05
9 REFUSED	C09Q05

<b>C09Q04</b>	Select
Ask If	C09Q02 = 3
How long has it been since you last smoked a cigarette, even one or two puffs?	
01	Within the past month (less than 1 month ago)
02	Within the past 3 months (1 month but less than 3 months ago)
03	Within the past 6 months (3 months but less than 6 months ago)
04	Within the past year (6 months but less than 1 year ago)
05	Within the past 5 years (1 year but less than 5 years ago)
06	Within the past 10 years (5 years but less than 10 years ago)
07	10 years or more
08	Never smoked regularly
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>C09Q05</b>	Select
Ask If	
Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	
INTERVIEWER NOTE: SNUS (RHYMES WITH 'GOOSE')	
SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.	
1	Everyday
2	Some days
3	Not at all
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C09END</b>	Pause
Ask If	

## Section 10: Alcohol Consumption

<b>C10INTRO</b>	Pause
Ask If	

<b>C10Q01</b>	Numeric
Ask If	
During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?	
101-107 = DAYS PER WEEK      201-230 = DAYS IN PAST 30 DAYS	
_____	DAYS
888	NO DRINKS IN PAST 30 DAYS      C10END
777	DON'T KNOW/NOT SURE      C10END
999	REFUSED      C10END
101	MIN      CONTROL
230	MAX      CONTROL

<b>C10Q02</b>	Numeric
Ask If	C10Q01 < 777
One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	
NOTE: A 40 OUNCE BEER WOULD COUNT AS 3 DRINKS, OR A COCKTAIL DRINK WITH 2 SHOTS WOULD COUNT AS 2 DRINKS.	
_____	NUMBER OF DRINKS
77	DON'T KNOW/NOT SURE
99	REFUSED
01	MIN      CONTROL
76	MAX      CONTROL

<b>C10Q02V</b>	Select
Ask If	C10Q02 > 15 AND C10Q02 < 77
INTERVIEWER YOU INDICATED {C10Q02} DRINKS PER DAY IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION      C10Q02

<b>C10Q03</b>	Numeric	
Ask If	C10Q01 < 777	
Considering all types of alcoholic beverages, how many times during the past 30 days did you have {IF C08Q20 = 1, 5, 4} or more drinks on an occasion?		
NUMBER OF TIMES		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

<b>C10Q03V</b>	Select	
Ask If	C10Q03 > 15 AND C10Q03 < 77	
INTERVIEWER YOU INDICATED {C10Q03} OCCASIONS WHEN THE RESPONDENT HAD 4/5 OR MORE DRINKS. IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C10Q03

<b>C10Q04</b>	Numeric	
Ask If	C10Q01 < 777	
During the past 30 days, what is the largest number of drinks you had on any occasion?		
NUMBER OF DRINKS		
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

<b>C10Q04V</b>	Select	
Ask If	(C10Q04 <> 99 AND C10Q04 <> 77)AND C10Q04 < 77 AND ((C08Q20 = 1 AND C10Q04 >= 5 AND (C10Q03 = 88 OR C10Q03 < 5)) OR (C08Q20 = 2 AND C10Q04 >= 4 AND (C10Q03 = 88 OR C10Q03 < 4)))	
INTERVIEWER YOU INDICATED {C10Q04} DRINKS IS THE LARGEST NUMBER OF DRINKS THE RESPONDENT HAD ON ANY OCCASION BUT THE NUMBER OF TIMES THE RESPONDENT HAD {IF C08Q20=1, 5, 4} IS {C10Q03}. IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C10Q04

<b>C10END</b>	Pause
Ask If	

## Section 11: Fruits and Vegetables

<b>C11INTRO</b>	Key
Ask If	USEC11 = TRUE
<p>These next questions are about the fruits and vegetables <b>YOU</b> ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.</p> <p>I will be asking how often <b>YOU</b> ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.</p> <p>INTERVIEWER NOTE: IF RESPONDENT RESPONDS LESS THAN ONCE PER MONTH, PUT "0" TIMES PER MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK:</p> <p>"Was that per day, week, or month?"</p>	

<b>C11Q01</b>	Numeric	
Ask If		
<p>During the past month, how many times per day, week or month did you drink 100% <b>PURE</b> fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.</p> <p>INTERVIEWER NOTE: DO NOT INCLUDE FRUIT DRINKS WITH ADDED SUGAR OR OTHER ADDED SWEETENERS LIKE KOOL-AID, HI-C, LEMONADE, CRANBERRY COCKTAIL, TAMPICO, SUNNY DELIGHT, SNAPPLE, FRUITOPIA, GATORADE, POWER-ADE, OR YOGURT DRINKS. DO NOT INCLUDE FRUIT JUICE DRINKS THAT PROVIDE 100% DAILY VITAMIN C BUT INCLUDE ADDED SUGAR. DO NOT INCLUDE VEGETABLE JUICE SUCH AS TOMATO AND V8 IF RESPONDENT PROVIDES BUT INCLUDE IN "OTHER VEGETABLES" QUESTION C11Q06.</p> <p>DO INCLUDE 100% PURE JUICES INCLUDING ORANGE, MANGO, PAPAYA, PINEAPPLE, APPLE, GRAPE (WHITE OR RED), OR GRAPEFRUIT. ONLY COUNT CRANBERRY JUICE IF THE RESPNDENT'S PERCEPTION IS THAT IT IS 100% JUICE WITH NO SUGAR OR ARTIFICIAL SWEETENER ADDED. 100% JUICE BLENDS SUCH AS ORANGE-PINEAPPLE, ORANGE-TANGERINE, CRANBERRY-GRAPE ARE ALSO ACCEPTABLE AS ARE FRUIT-VEGETABLE 100% BLENDS. 100% PURE JUICE FROM CONCENTRATE (I.E., RECONSTITUTED) IS COUNTED.</p> <p>101-199 = PER DAY    201-299 = PER WEEK    300-399 = PER MONTH</p>		
TIMES		
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
399	MAX	CONTROL



C11Q01V		Select
Ask If	(C11Q01 > 105 AND C11Q01 < 201) OR (C11Q01 > 235 AND C11Q01 < 300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT DRINKS 100% PURE FRUIT JUICES {C11Q01 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C11Q01

C11Q02		Numeric
Ask If	During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit.	
READ ONLY IF NECESSARY:		
"Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries."		
INTERVIEWER NOTE: DO NOT COUNT FRUIT JAM, JELLY, OR FRUIT PRESERVES. DO NOT INCLUDE DRIED FRUIT IN READY-TO-EAT CEREALS.		
DO INCLUDE DRIED RAISINS, CRAN-RAISINS IF RESPONDENT TELLS YOU- BUT DUE TO THEIR SMALL SERVING SIZE THEY ARE NOT INCLUDED IN THE PROMPT. DO INCLUDE CUT UP FRESH, FROZEN, OR CANNED FRUIT ADDED TO YOGURT, CEREAL, JELLO, AND OTHER MEAL ITEMS. INCLUDE CULTURALLY AND GEOGRAPHICALLY APPROPRIATE FRUITS THAT ARE NOT MENTIONED (E.G. GENIP, SOURSOP, SUGAR APPLE, FIGS, TAMARIND, BREAD FRUIT, SEA GRAPES, CARABOLA, LONGANS, LYCHEES, AKEE, RAMBUTAN, ETC.).		
101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH		
TIMES		
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
399	MAX	CONTROL

C11Q02V		Select
Ask If	(C11Q02 > 105 AND C11Q02 < 201) OR (C11Q02 > 235 AND C11Q02 < 300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS FRUIT {C11Q02 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C11Q02

C11Q03		Numeric
Ask If		
During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do <b>NOT</b> include long green beans.		
READ ONLY IF NECESSARY:		
"Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do <b>NOT</b> include long green beans such as string beans, broad or winged beans, or pole beans."		
INTERVIEWER NOTE: INCLUDE SOYBEANS ALSO CALLED EDAMAME, TOFU (BEAN CURD MADE FROM SOYBEANS), KIDNEY, PINTO, HUMMUS, LENTILS, BLACK, BLACK-EYED PEAS, COW PEAS, LIMA BEANS AND WHITE BEANS. INCLUDE BEAN BURGERS INCLUDING GARDEN BURGERS AND VEGGIE BURGERS.		
INCLUDE FALAFEL AND TEMPEH.		
101-199 = PER DAY    201-299 = PER WEEK    300-399 = PER MONTH		
_____ TIMES		
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
399	MAX	CONTROL

C11Q03V		Select
Ask If	(C11Q03 > 105 AND C11Q03 < 201) OR (C11Q03 > 235 AND C11Q03 < 300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS COOKED OR CANNED BEANS {C11Q03 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C11Q03

<b>C11Q04</b>		Numeric	
Ask If			
During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?			
INTERVIEWER NOTE: EACH TIME A VEGETABLE IS EATEN IT COUNTS AS ONE TIME.			
INTERVIEWER NOTE: INCLUDE ALL RAW LEAFY GREEN SALADS INCLUDING SPINACH, MESCLUN, ROMAINE LETTUCE, BOK CHOY, DARK GREEN LEAFY LETTUCE, DANDELIONS, KOMATSUNA, WATERCRESS, AND ARUGULA.			
DO NOT INCLUDED ICEBERG (HEAD) LETTUCE IF SPECIFICALLY TOLD TYPE OF LETTUCE. INCLUDE ALL COOKED GREENS INCLUDING KALE, COLLARD GREENS, CHOYS, TURNIP GREENS, MUSTARD GREENS.			
101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH			
_____ TIMES			
555	NEVER		
777	DON'T KNOW/NOT SURE		
999	REFUSED		
101	MIN		CONTROL
399	MAX		CONTROL

<b>C11Q04V</b>		Select	
Ask If (C11Q04 > 105 AND C11Q04 < 201) OR (C11Q04 > 235 AND C11Q04 < 300)			
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS DARK GREEN VEGETABLES {C11Q04 SHOWTIME}			
IS THIS CORRECT?			
1	YES, CORRECT AS IS, CONTINUE		
2	NO, REASK QUESTION		C11Q04





**Section 12: Exercise (Physical Activity)**

<b>C12INTRO</b>	Pause
Ask If	

<b>C12Q01</b>	Select	
Ask If		
<p>The next few questions are about exercise, recreation, or physical activities other than your regular job duties.</p> <p>During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?</p> <p>INTERVIEWER NOTE: IF RESPONDENT DOES NOT HAVE A "REGULAR JOB DUTY" OR IS RETIRED, THEY MAY COUNT THE PHYSICAL ACTIVITY OR EXERCISE THEY SPEND MOST OF THE TIME DOING IN A REGULAR MONTH.</p>		
1	YES	
2	NO	C12Q08
7	DON'T KNOW/NOT SURE	C12Q08
9	REFUSED	C12Q08

<b>C12Q02</b>	Numeric	
Ask If	C12Q01 = 1	
<p>What type of physical activity or exercise did you spend the most time doing during the past month?</p> <p>INTERVIEWER NOTE: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING LIST A, CHOOSE THE OPTION LISTED AS "OTHER".</p> <p>(Specify) [See Coding List A]</p>		
97	DON'T KNOW/NOT SURE	C12Q08
99	REFUSED	C12Q08

<b>Activity List</b>
Ask If

01	Active Gaming Devices (Wii Fit, Dance Dance Revolution)	
02	Aerobics video or class	
03	Backpacking	
04	Badminton	
05	Basketball	
06	Bicycling machine exercise	
07	Bicycling	
08	Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	
09	Bowling	
10	Boxing	
11	Calisthenics	
12	Canoeing/rowing in competition	
13	Carpentry	
14	Dancing-ballet, ballroom, Latin, hip hop, zumba, etc	
15	Elliptical/EFX machine exercise	
16	Fishing from river bank or boat	
17	Frisbee	
18	Gardening (spading, weeding, digging, filling)	
19	Golf (with motorized cart)	
20	Golf (without motorized cart)	
21	Handball	
22	Hiking - cross-country	
23	Hockey	
24	Horseback riding	
25	Hunting large game - deer, elk	
26	Hunting small game - quail	
27	Inline Skating	
28	Jogging	
29	Lacrosse	
30	Mountain climbing	
31	Mowing lawn	
32	Paddleball	
33	Painting/papering house	
34	Pilates	
35	Racquetball	
36	Raking lawn	
37	Running	
38	Rock climbing	
39	Rope skipping	
40	Rowing machine exercise	
41	Rugby	
42	Scuba diving	
43	Skateboarding	
44	Skating - ice or roller	
45	Sledding, tobogganing	
46	Snorkeling	

47	Snow blowing	
48	Snow shoveling by hand	
49	Snow skiing	
50	Snowshoeing	
51	Soccer	
52	Softball/Baseball	
53	Squash	
54	Stair climbing/stair master	
55	Stream fishing in waders	
56	Surfing	
57	Swimming	
58	Swimming in laps	
59	Table tennis	
60	Tai Chi	
61	Tennis	
62	Touch football	
63	Volleyball	
64	Walking	
66	Waterskiing	
67	Weight lifting	
68	Wrestling	
69	Yoga	
71	Childcare	
72	Farm/Ranch Work (caring for livestock, stacking hay, etc.)	
73	Household Activities (vacuuming, dusting, home repair, etc.)	
74	Karate/Martial Arts	
75	Upper Body Cycle (Wheelchair sports, ergometer, etc.)	
76	Yard Work (cutting/gathering wood, trimming hedges, etc.)	
98	Other [Specify]	Other
97	DON'T KNOW	
99	REFUSED	



<b>C12Q03</b>	Numeric	
Ask If	C12Q02 > 0 AND C12Q02 <> 97 AND C12Q02 <> 99	
How many times per week or per month did you take part in this activity during the past month?		
101-199 = PER WEEK            201-299 = PER MONTH		
_____ TIMES		
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
299	MAX	CONTROL

<b>C12Q03V</b>	Select	
Ask If	(C12Q03 > 107 AND C12Q03 < 201) OR (C12Q03 > 231 AND C12Q03 < 300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C10Q03 {C12Q03 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C12Q03

<b>C12Q04</b>	Numeric	
Ask If	C12Q02 > 0 AND C12Q02 <> 97 AND C12Q02 <> 99	
And when you took part in this activity, for how many minutes or hours did you usually keep at it?		
EXAMPLE 1 HOUR 30 MINUTES ENTER AS "130"		
_____ HOURS AND MINUTES		
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
659	MAX	CONTROL

<b>C12Q04V</b>	Select	
Ask If	C12Q04 > 430 AND C12Q04 < 777	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR {C12Q04 HOURMIN}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C12Q04

<b>C12Q05</b>	Numeric	
Ask If	C12Q02 > 0 AND C12Q02 <> 97 AND C12Q02 <> 99	
What other type of physical activity gave you the next most exercise during the past month?		
INTERVIEWER NOTE: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING LIST A, CHOOSE THE OPTION LISTED AS "OTHER".		
(Specify) [See Coding List A]		
88	NO OTHER ACTIVITY	C12Q08
97	DON'T KNOW/NOT SURE	C12Q08
99	REFUSED	C12Q08

<b>C12Q05V</b>	Select	
Ask If	C12Q02 = C12Q05	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE SAME ACTIVITY RECORDED IN C12Q02.		
FIRST ACTIVITY (C12Q02)= {C12Q02}		
SECOND ACTIVITY (C12Q05)= {C12Q05}		
IS THIS CORRECT?		
1	NO, CHANGE ACTIVITY IN QUESTION C10Q05	C12Q05
2	NO, CHANGE ACTIVITY IN QUESTION C10Q02	C12Q02
3	YES, CORRECT AS IS, CONTINUE	

Activity List		
Ask If		
01	Active Gaming Devices (Wii Fit, Dance Dance Revolution)	
02	Aerobics video or class	
03	Backpacking	
04	Badminton	
05	Basketball	
06	Bicycling machine exercise	
07	Bicycling	
08	Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	
09	Bowling	
10	Boxing	
11	Calisthenics	
12	Canoeing/rowing in competition	
13	Carpentry	
14	Dancing-ballet, ballroom, Latin, hip hop, zumba, etc	
15	Elliptical/EFX machine exercise	
16	Fishing from river bank or boat	
17	Frisbee	
18	Gardening (spading, weeding, digging, filling)	
19	Golf (with motorized cart)	
20	Golf (without motorized cart)	
21	Handball	
22	Hiking - cross-country	
23	Hockey	
24	Horseback riding	
25	Hunting large game - deer, elk	
26	Hunting small game - quail	
27	Inline Skating	
28	Jogging	
29	Lacrosse	
30	Mountain climbing	
31	Mowing lawn	
32	Paddleball	
33	Painting/papering house	
34	Pilates	
35	Racquetball	
36	Raking lawn	
37	Running	
38	Rock climbing	
39	Rope skipping	
40	Rowing machine exercise	
41	Rugby	
42	Scuba diving	

43	Skateboarding	
44	Skating - ice or roller	
45	Sledding, tobogganing	
46	Snorkeling	
47	Snow blowing	
48	Snow shoveling by hand	
49	Snow skiing	
50	Snowshoeing	
51	Soccer	
52	Softball/Baseball	
53	Squash	
54	Stair climbing/stair master	
55	Stream fishing in waders	
56	Surfing	
57	Swimming	
58	Swimming in laps	
59	Table tennis	
60	Tai Chi	
61	Tennis	
62	Touch football	
63	Volleyball	
64	Walking	
66	Waterskiing	
67	Weight lifting	
68	Wrestling	
69	Yoga	
71	Childcare	
72	Farm/Ranch Work (caring for livestock, stacking hay, etc.)	
73	Household Activities (vacuuming, dusting, home repair, etc.)	
74	Karate/Martial Arts	
75	Upper Body Cycle (wheelchair sports, ergometer, etc.)	
76	Yard Work (cutting/gathering wood, trimming hedges, etc.)	
98	Other [Specify]	Specify
97	DON'T KNOW	
99	REFUSED	

<b>C12Q06</b>	Numeric	
Ask If	C12Q05 > 0 AND C12Q05 <> 97 AND C12Q05 <> 99	
How many times per week or per month did you take part in this activity during the past month?		
101-199 = PER WEEK            201-299 = PER MONTH		
_____ TIMES		
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
299	MAX	CONTROL

<b>C12Q06V</b>	Select	
Ask If	(C12Q06 > 107 AND C12Q06 < 201) OR (C12Q06 > 231 AND C12Q06 < 300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C10Q06 {C12Q06 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C12Q06

<b>C12Q07</b>	Numeric	
Ask If	C12Q05 > 0 AND C12Q05 <> 97 AND C12Q05 <> 99	
And when you took part in this activity, for how many minutes or hours did you usually keep at it?		
EXAMPLE 1 HOUR 30 MINUTES ENTER AS "130"		
_____ HOURS AND MINUTES		
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
659	MAX	CONTROL

<b>C12Q07V</b>	Select	
Ask If	C12Q07 > 430 AND C12Q07 < 777	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR {C12Q07 HOURMIN}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C12Q07

<b>C12Q08</b>	Numeric	
Ask If		
<p>During the past month, how many times per week or per month did you do physical activities or exercises to <b>STRENGTHEN</b> your muscles? Do <b>NOT</b> count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.</p> <p>101-199 = PER WEEK            201-299 = PER MONTH</p>		
TIMES		
888	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
299	MAX	CONTROL

<b>C12Q08V</b>	Select	
Ask If	(C12Q08 > 107 AND C12Q08 < 201) OR (C12Q08 > 231 AND C12Q08 < 300)	
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN STRENGTHENING EXERCISES {C12Q08 SHOWTIME}</p> <p>IS THIS CORRECT?</p>		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C12Q08

<b>C12END</b>	Pause	
Ask If		

### Section 13: Arthritis Burden

If Q7.9 = 1 (yes) then continue, else go to next section.

<b>C13INTRO</b>	Pause
Ask If	C07Q09 = 1

<b>C13Q01</b>	Select
Ask If	C07Q09 = 1
Next, I will ask you about your arthritis. Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint. Are you limited in any way in any of your usual activities because of arthritis or joint symptoms? <b>INTERVIEWER NOTE: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY:</b> "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment." 1 YES 2 NO 7 DON'T KNOW/NOT SURE 9 REFUSED	

C13Q02 SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT

<b>C13Q02</b>	Select
Ask If	C07Q09 = 1
In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? <b>INTERVIEWER NOTE: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER WORKS, TYPE OF WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS "YES" MARK THE OVERALL RESPONSE AS "YES." IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY:</b> "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment." 1 YES 2 NO 7 DON'T KNOW/NOT SURE 9 REFUSED	

<b>C13Q03</b>	Select
Ask If	C07Q09 = 1
<p>During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?</p> <p>IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY:</p> <p>"Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."</p> <p>PLEASE READ:</p>	
1	A lot
2	A little
3	Not at all
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C13Q04</b>	Numeric	
Ask If	C07Q09 = 1	
<p>Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. <b>DURING THE PAST 30 DAYS</b>, how bad was your joint pain <b>ON AVERAGE</b>? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.</p> <p>ENTER NUMBER [00-10]</p>		
88	ZERO	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
10	MAX	CONTROL

<b>C13END</b>	Pause
Ask If	



## Section 14: Seatbelt Use

<b>C14INTRO</b>	Pause
Ask If	

<b>C14Q01</b>	Select
Ask If	
How often do you use seat belts when you drive or ride in a car? Would you say...	
PLEASE READ:	
1	Always
2	Nearly always
3	Sometimes
4	Seldom
5	Never
7	DON'T KNOW/NOT SURE
8	NEVER DRIVE OR RIDE IN A CAR
9	REFUSED

<b>C14END</b>	Pause
Ask If	

## Section 15: Immunization

<b>C15INTRO</b>	Pause
Ask If	

<b>C15Q01</b>	Select	
Ask If		
<p>Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist.</p> <p>During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?</p> <p><b>READ IF NECESSARY:</b></p> <p>"A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot."</p>		
1	YES	
2	NO	C15Q03
7	DON'T KNOW/NOT SURE	C15Q03
9	REFUSED	C15Q03

<b>C15Q02</b>	Numeric	
Ask If	C15Q01 = 1	
<p>During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?</p> <p>Month / Year</p>		
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	
012012	MIN	CONTROL
122013	MAX	CONTROL

**CATI NOTE:** Do not allow 77 for first two month digits. Please set MIN to no more than 12 months from the current month. Ex: Call made in 06/2013, response can be no older than 06/2012.

<b>C15Q03</b>	Select
Ask If	
Since 2005, have you had a tetanus shot?	
IF YES, ASK:	
"Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"	
READ IF NECESSARY:	
1	Yes, received Tdap
2	Yes, received the tetanus shot, but not Tdap
3	Yes, received tetanus shot but not sure what type
4	No, did not receive any tetanus since 2005
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C15Q04</b>	Select
Ask If	
A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C15END</b>	Pause
Ask If	

## Section 16: HIV/AIDS

<b>C16INTRO</b>	Pause
Ask If	

<b>C16Q01</b>	Select	
Ask If		
<p>The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.</p> <p>Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.</p>		
1	YES	
2	NO	C16END
7	DON'T KNOW/NOT SURE	C16END
9	REFUSED	C16END

<b>C16Q02</b>	Numeric	
Ask If	C16Q01 = 1	
<p>Not including blood donations, in what month and year was your last HIV test?</p> <p>NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW."</p> <p>CATI INSTRUCTION: IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS 77 AND THE LAST FOUR DIGITS FOR THE YEAR.</p>		
CODE MONTH AND YEAR		
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	
011985	MIN	CONTROL
772013	MAX	CONTROL

<b>C16Q03</b>	Select
Ask If	C16Q01 = 1
Where did you have your last HIV test – at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?	
01	Private doctor or HMO office
02	Counseling and testing site
09	Emergency room
03	Hospital inpatient
04	Clinic
05	Jail or prison (or other correctional facility)
06	Drug treatment center
07	At home
08	Somewhere else
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>C16END</b>	Pause
Ask If	

## Module 04: Health Care Access

<b>M04INTRO</b>	Pause
Ask If	

<b>M04Q01</b>	Select
Ask If	
Do you have Medicare?	
NOTE: MEDICARE IS A COVERAGE PLAN FOR PEOPLE AGE 65 OR OVER AND FOR CERTAIN DISABLED PEOPLE.	
1 YES	
2 NO	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>M04Q02</b>	Multiple Select
Ask If	
Are you <b>CURRENTLY</b> covered by any of the following types of health insurance or health coverage plans?	
CHECK ALL THAT APPLY	
PLEASE READ:	
01 Your employer	
02 Someone else's employer	
03 A plan that you or someone else buys on your own	
04 Medicaid or Medical Assistance [CATI INSERT: or substitute state program name]	
05 The military, CHAMPUS, or the VA (or CHAMP-VA)	
06 The Indian Health Service (or the Alaska Native Health Service)	
07 Some other source	
88 None	EXCLUSIVE
77 DON'T KNOW/NOT SURE	EXCLUSIVE
99 REFUSED	EXCLUSIVE

CATI Note: If PPHF State go to core 3.2

<b>M04Q03</b>	Select
Ask If	
Other than cost, there are many other reasons people delay getting needed medical care.  Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.  <b>PLEASE READ:</b>	
1	You couldn't get through on the telephone
2	You couldn't get an appointment soon enough
3	Once you got there, you had to wait too long to see the doctor
4	The (clinic/doctor's) office wasn't open when you got there
5	You didn't have transportation
6	OTHER, SPECIFY <span style="float: right;">OTHER</span>
8	No, I did not delay getting medical care/did not need medical care
7	DON'T KNOW/NOT SURE
9	REFUSED

**CATI Note:** If PPHF State, go to core 3.4

**CATI Note:** If Q3.1 = 1 (Yes) continue, else go to Q4b

<b>M04Q04A</b>	Select
Ask If <span style="float: right;">C03Q01 = 1</span>	
In the <b>PAST 12 MONTHS</b> was there any time when you did <b>NOT</b> have <b>ANY</b> health insurance or coverage?	
1	YES <span style="float: right;">M04Q05</span>
2	NO <span style="float: right;">M04Q05</span>
7	DON'T KNOW/NOT SURE <span style="float: right;">M04Q05</span>
9	REFUSED <span style="float: right;">M04Q05</span>

CATI Note: If Q3.1 = 2, 7, or 9 continue, else go to next question (Q5)

<b>M04Q04B</b>	Select
Ask If	C03Q01 > 1
About how long has it been since you last had health care coverage?	
1	6 months or less
2	More than 6 months, but not more than 1 year ago
3	More than 1 year, but not more than 3 years ago
4	More than 3 years
5	Never
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>M04Q05</b>	Numeric
Ask If	
How many times have you been to a doctor, nurse, or other health professional in the past 12 months?	
__	NUMBER OF TIMES
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>M04Q06</b>	Select
Ask If	
Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication.	
1	Yes
2	No
3	NO MEDICATION WAS PRESCRIBED
7	DON'T KNOW/NOT SURE
9	REFUSED



<b>M04Q07</b>	Select
Ask If	
In general, how satisfied are you with the health care you received? Would you say...	
1	Very satisfied
2	Somewhat satisfied
3	Not at all satisfied
3	NOT APPLICABLE
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>M04Q08</b>	Select
Ask If	
Do you currently have any medical bills that are being paid off over time?	
INTERVIEWER NOTE:	
THIS COULD INCLUDE MEDICAL BILLS BEING PAID OFF WITH A CREDIT CARD, THROUGH PERSONAL LOANS, OR BILL PAYING ARRANGEMENTS WITH HOSPITALS OR OTHER PROVIDERS. THE BILLS CAN BE FROM EARLIER YEARS AS WELL AS THIS YEAR.	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

**CATI Note:** If PPHF state, Go to core section 4.

<b>M04END</b>	Pause
Ask If	

## Module 11: Adult Human Papilloma Virus (HPV)

CATI note: To be asked of respondent between the ages of 18 and 49 years; otherwise, go to next module.

<b>M11INTRO</b>	Pause
Ask If	C08Q01 < 50

<b>M11Q01</b>	Select	
Ask If	C08Q01 < 50	
<p>A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, {C08Q21 = 2, GARDASIL or CERVARIX, or GARDASIL}. Have you <b>EVER</b> had an HPV vaccination?</p> <p>NOTE: HUMAN PAPILOMA VIRUS 'HUMAN PAP·UH·LOH·MUH VIRUS'; GARDASIL 'GAR·DUH·SEEL'; CERVARIX '[REDACTED]'</p>		
1	YES	
2	NO	M11END
3	DOCTOR REFUSED WHEN ASKED	M11END
7	DON'T KNOW/NOT SURE	M11END
9	REFUSED	M11END

<b>M11Q02</b>	Numeric	
Ask If	M11Q01 = 1	
How many HPV shots did you receive?		
___ NUMBER OF SHOTS		
03	ALL SHOTS	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
03	MAX	CONTROL

<b>M11END</b>	Pause
Ask If	

## Module 20: Random Child Selection

CATI note: If Core C08Q07 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

M20INTRO	Key
Ask If	C08Q07 < 88
<p>{If C08Q07 = 1, Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.}</p> <p>{If C08Q07 &gt; 1 AND C08Q07 &lt; 88, Previously, you indicated there were {C08Q07} children age 17 or younger in your household. Think about those {C08Q07} children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.</p> <p>I have some additional questions about one specific child. The child I will be referring to is {SHOWKID} in your household. All following questions about children will be about {SHOWKID} }</p>	

M20Q01	Numeric
Ask If	C08Q07 < 88
What is the birth month and year of {SHOWKID}?	
/	CODE MONTH AND YEAR
77/7777	DON'T KNOW/NOT SURE
99/9999	REFUSED
XX/1995	MIN CONTROL
XX/2013	MAX CONTROL

CATI INSTRUCTION: Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

Add a minimum based on the current month and year of 1995, which would mean the child is over the age of 18. Add a max of the current month and year of 2013

<b>M20Q02</b>	Select
Ask If	C08Q07<88
Is the child a boy or a girl?	
1	Boy
2	Girl
9	REFUSED

<b>M20Q03</b>	Multiple Select	
Ask If	C08Q07<88	
Is the child Hispanic, Latino/a, or Spanish origin?		
IF YES, ASK:		
"Are they...		
Mexican, Mexican American, Chicano/a		
Puerto Rican		
Cuban or		
Another Hispanic, Latino/a, or Spanish Origin"		
1	No, not of Hispanic, Latino/a, or Spanish origin	EXCLUSIVE
2	Mexican, Mexican American, Chicano/a	
3	Puerto Rican	
4	Cuban	
5	Another Hispanic, Latino/a, or Spanish Origin	
7	DON'T KNOW/NOT SURE	EXCLUSIVE
9	REFUSED	EXCLUSIVE
8	NO ADDITIONAL CHOICES	

<b>M20Q04</b>		Multiple Select
Ask If	C08Q07 < 88	
Which one or more of the following would you say is the race of the child?		
CHECK ALL THAT APPLY		
PLEASE READ:		
10	White	
20	Black or African American	
30	American Indian or Alaska Native	
40	Asian	
50	Pacific Islander	
60	Other [Specify]	OTHER
77	DON'T KNOW/NOT SURE	EXCLUSIVE
99	REFUSED	EXCLUSIVE
88	NO ADDITIONAL CHOICES	

<b>M20Q04A</b>		Multiple Select
Ask If	M20Q04 = 40	
Which one or more of the following would you say is the race of the child?		
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.		
CHECK ALL THAT APPLY		
PLEASE READ:		
41	Asian Indian	
42	Chinese	
43	Filipino	
44	Japanese	
45	Korean	
46	Vietnamese	
47	Other Asian	
77	DON'T KNOW/NOT SURE	EXCLUSIVE
99	REFUSED	EXCLUSIVE
88	NO ADDITIONAL CHOICES	

<b>M20Q04B</b>		Multiple Select
Ask If	M20Q04 = 50	
Which one or more of the following would you say is the race of the child?		
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.		
CHECK ALL THAT APPLY		
PLEASE READ:		
51	Native Hawaiian	
52	Guamanian or Chamorro	
53	Samoan	
54	Other Pacific Islander	
77	DON'T KNOW/NOT SURE	EXCLUSIVE
99	REFUSED	EXCLUSIVE
88	NO ADDITIONAL CHOICES	

CATI note: If more than one response to M20Q04, continue. Otherwise, go to Q6.

<b>M20Q05</b>		Select
Ask If	M20Q04 < 7 AND M20Q04.2 > 0 AND M20Q04.2 <> 8	
Which one of these groups would you say best represents the race of the child?		
PLEASE READ:		
10	White	
20	Black or African American	
30	American Indian or Alaska Native	
40	Asian	
41	Asian Indian	
42	Chinese	
43	Filipino	
44	Japanese	
45	Korean	
46	Vietnamese	
47	Other Asian	
50	Pacific Islander	
51	Native Hawaiian	
52	Guamanian or Chamorro	
53	Samoan	
54	Other Pacific Islander	
60	Other [Specify]	OTHER
77	DON'T KNOW/NOT SURE	
99	REFUSED	

<b>M20Q06</b>	Select
Ask If	C08Q07 < 88
How are you related to the child?	
PLEASE READ:	
1	Parent (include biologic, step, or adoptive parent)
2	Grandparent
3	Foster parent or guardian
4	Sibling (include biologic, step, and adoptive sibling)
5	Other relative
6	Not related in any way
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>M20END</b>	Pause
Ask If	

## Module 21: Childhood Asthma Prevalence

CATI note: If response to C08Q07 = 88 (None) or 99 (Refused), go to next module.

<b>M21INTRO</b>	Pause
Ask If	C08Q07 > 0 AND C08Q07 < 88

<b>M21Q01</b>	Select	
Ask If	C08Q07 > 0 AND C08Q07 < 88	
The next two questions are about the {SHOWKID}.		
Has a doctor, nurse or other health professional <b>EVER</b> said that the child has asthma?		
1	YES	
2	NO	M21END
7	DON'T KNOW/NOT SURE	M21END
9	REFUSED	M21END

<b>M21Q02</b>	Select
Ask If	M21Q01 = 1
Does the child still have asthma?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>M21END</b>	Pause
Ask If	



## Asthma Call-Back Permission Script

<b>AFUINTRO</b>	Pause
Ask If	

<b>ADLTPERM</b>	Select
Ask If	(C07Q04 = 1) OR (M21Q01 = 1 AND (M20Q06 = 1 OR M20Q06 = 3))
We would like to call you again within the next 2 weeks to talk in more detail about <b>{ADLTCHLD = 1, your, your child's}</b> experiences with asthma. The information will be used to help develop and improve the asthma programs in <b>{STATE}</b> . The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?	
1	Yes
2	No
	AFUEND

<b>FNAME</b>	Select
Ask If	ADLTPERM = 1
Can I please have either your first name or initials, so we will know who to ask for when we call back?	
1	ENTER FIRST NAME OR INITIALS
	OTHER
9	REFUSED

<b>CNAME</b>	Select
Ask If	ADLTCHILD = 2 AND ADLTPERM = 1
Can I please have your child's first name or initials, so we can ask about that child's asthma history?	
1	ENTER FIRST NAME OR INITIALS
	OTHER
9	REFUSED

<b>MOSTKNOW</b>	Select
Ask If	ADLTCHILD = 2 AND ADLTPERM = 1
Are you the parent or guardian in the household who knows the most about {CNAME}'s asthma?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>OTHNAME</b>	Select	
Ask If	MOSTKNOW = 2	
You said someone else was more knowledgeable about the child's asthma. Can I please have this adult's first name, initials or nickname so we will know who to ask for when we call back regarding your child.		
1	ENTER FIRST NAME, INITIALS, OR NICKNAME	OTHER
9	REFUSED	

<b>CBTIME</b>	Select	
Ask If	ADLTPERM=1	
{If MOSTKNOW = 2, What is a good time to call back and speak with {OTHNAME}, What is a good time to call you back?}		
For example, evenings, days or weekends?		
1	ENTER CALLBACK TIME	OTHER
9	REFUSED	

<b>AFUEND</b>	Pause
Ask If	

### State Added 03: Prostate Cancer (Path B)

<b>IN03INTRO</b>	Pause
Ask If	

<b>IN03Q01</b>	Select
Ask If	C08Q21 = 1 AND C08Q01 >= 40
Have you <b>EVER HAD</b> a PSA test?	
INTERVIEWER NOTE: IF ASKED WHAT A PSA TEST IS, RESPOND	
"A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer."	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>IN03Q02</b>	Select
Ask If	IN03Q01 = 1
Which one of the following best describes the decision to have the PSA test done?	
1	You made the decision alone IN03END
2	Your doctor, nurse, or health provider made the decision alone IN03END
3	You and one or more other persons made the decision together
4	You don't remember how the decision was made IN03END
7	DON'T KNOW/NOT SURE IN03END
9	REFUSED IN03END

<b>IN03Q03</b>	Multiple Select
Ask If	IN03Q01 = 1
Who made the decision with you?	
MARK UP TO FOUR RESPONSES	

1	Doctor/nurse/health care provider	
2	Spouse/significant other	
3	Other family member	
4	Friend/non-relative	
8	NO OTHER CHOICES	
7	DON'T KNOW/NOT SURE	EXCLUSIVE
9	REFUSED	EXCLUSIVE

<b>IN03END</b>	Pause
Ask If	

## State Added 04: Cognitive Impairment (Path B)

<b>IN04INTRO</b>	Pause
Ask If	

<b>IN04Q01</b>	Select
Ask If	
<p>The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met. This refers to things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.</p> <p>During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?</p>	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>IN04Q02</b>	Numeric	
Ask If	ADULTS > 1	
<p>{if IN04Q01 = 1, Not including yourself,} how many adults 18 years or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months?</p>		
	Number of people	
06	6 or more	
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
06	MAX	CONTROL

If number of adults>1 and response to Q823<7, continue. Otherwise go to closing.

<b>IN04Q03</b>	Select
Ask If	ADULTS > 1 AND IN04Q02 < 77 AND IN04Q01 > 1
{IF IN04Q02 > 1, Of these people, please select the person who had the most recent birthday.} How old is this person?	
01	Age 18-29
02	Age 30-39
03	Age 40-49
04	Age 50-59
05	Age 60-69
06	Age 70-79
07	Age 80-89
08	Age 90+
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>IN04Q04</b>	Select
Ask If	IN04Q01 = 1 OR (ADULTS > 1 AND IN04Q02 < 77)
{IF IN04Q01 > 1, For the next set of questions we will refer to the person you identified as 'this person',  During the past 12 months, how often has this person given up household activities or chores they used to do, because of confusion or memory loss that is happening more often or is getting worse?}  {IF IN04Q01 = 1, During the past 12 months, how often have you given up household activities or chores you used to do, because of confusion or memory loss that is happening more often or is getting worse?}	
PLEASE READ	
1	Always
2	Usually
3	Sometimes
4	Rarely
5	Never
7	DON'T KNOW/NOT SURE
9	REFUSED

IN04Q05		Select
Ask If	IN04Q01 = 1 OR (ADULTS > 1 AND IN04Q02 < 77)	
<p>{IF IN04Q01 &gt; 1, As a result of this person's confusion or memory loss, in which of the following four areas does this person need the <b>MOST</b> assistance?}</p> <p>{IF IN04Q01 = 1, As a result of your confusion or memory loss, in which of the following four areas do you need the <b>MOST</b> assistance?}</p>		
1	Safety(Read only if necessary: such as forgetting to turn off the stove or falling)	
2	Transportation(Read only if necessary: such as getting to doctor's appointments)	
3	Household activities(Read only if necessary: such as managing money or housekeeping)	
4	Personal care(Read only if necessary: such as eating or bathing)	
5	Needs assistance, but not in those areas	
6	Doesn't need assistance in any area	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

IN04Q06		Select
Ask If	IN04Q01 = 1 OR (ADULTS > 1 AND IN04Q02 < 77)	
<p>{IF IN04Q01 &gt; 1, During the past 12 months, how often has confusion or memory loss interfered with this person's ability to work, volunteer, or engage in social activities?}</p> <p>{IF IN04Q01 = 1, During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities?}</p> <p>PLEASE READ</p>		
1	Always	
2	Usually	
3	Sometimes	
4	Rarely	
5	Never	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>IN04Q07</b>		Select
Ask If	IN04Q01 = 1 OR (ADULTS > 1 AND IN04Q02 < 77)	
{IF IN04Q01 > 1, During the past 30 days, how often have you, a family member, or a friend provided any care or assistance for this person because of confusion or memory loss?}		
{IF IN04Q01 = 1, During the past 30 days, how often has a family member or a friend provided any care or assistance for you because of confusion or memory loss?}		
PLEASE READ		
1	Always	
2	Usually	
3	Sometimes	
4	Rarely	
5	Never	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>IN04Q08</b>		Select
Ask If	IN04Q01 = 1 OR (ADULTS > 1 AND IN04Q02 < 77)	
{IF IN04Q01 > 1, Has anyone discussed with a health care professional, increases in this person's confusion or memory loss??}		
{IF IN04Q01 = 1, Has anyone discussed with a health care professional, increases in your confusion or memory loss?}		
1	Yes	
2	No	IN04END
7	DON'T KNOW/NOT SURE	IN04END
9	REFUSED	IN04END

<b>IN04Q09</b>		Select
Ask If	IN04Q08 = 1	
{IF IN04Q01 > 1, Has this person received treatment such as therapy or medications for confusion or memory loss?}		
{IF IN04Q01 = 1, Have you received treatment such as therapy or medications for confusion or memory loss?}		
1	Yes	
2	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	



<b>IN04Q10</b>	Select
Ask If	IN04Q08 = 1
<pre>{IF IN04Q01 &gt; 1, Has a health care professional ever said that this person has Alzheimer's Disease of some other form of dementia?}  {IF IN04Q01 = 1, Has a health care professional ever said that you have Alzheimer's Disease or some other form of dementia?}</pre>	
1	Yes, Alzheimer's Disease
2	Yes, some other form of dementia but not Alzheimer's Disease
3	No diagnosis has been given
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>IN04END</b>	Pause
Ask If	

**State Added 05: Cigars/Brown Cigarettes (Path B)**

<b>IN05INTRO</b>	Pause
Ask If	

<b>IN05Q01</b>	Select
Ask If	
<p>Little filtered cigars are different from regular cigars and cigarillos. They resemble cigarettes in size, and are often sold in packs of 20. They are usually brown in color and have a spongy filter like a cigarette. Some common brands are Prime Time little filter cigars and Winchester little filter cigars, but there are others.</p> <p>In the past 30 days, did you smoke little filter cigars on all days, some of the days, or not at all?</p>	
1	All days
2	Some days
3	Not at all
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>IN05Q02</b>	Select
Ask If	
<p>Regular cigars are different from little filtered cigars. They can be large cigars, or smaller in size such as cigarillos. They are usually sold individually or in packs of 5 or 8. Some common brands are Black and Milds, Swisher Sweets cigarillos, and Phillies Blunts, but there are others.</p> <p>In the past 30 days, did you smoke these regular cigars on all days, some of the days, or not at all?</p>	
1	All days
2	Some days
3	Not at all
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>IN05END</b>	Pause
Ask If	

## State Added 06: Worksite Wellness (Path B)

<b>IN06INTRO</b>	Pause
Ask If	

<b>IN06Q01</b>	Select
Ask If	C08Q09 = 1 OR C08Q09 = 2
Earlier you said you were employed for wages. What is the approximate size of your {C08Q09 = 1, employer, company}?	
1	2 to 99 employees
2	100 to 499 employees
3	500 to 999 employees
4	1000 or more employees
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>IN06Q02</b>	Select
Ask If	C08Q09 = 1 OR C08Q09 = 2
{C08Q09 = 1, Does your employer, Does your company} offer a workplace wellness program? A workplace wellness program is any workplace program or policy that is health-focused and benefits the employee, for example, a designated fitness or workout room, cash bonuses or incentives for reaching health and fitness goals.	
1	Yes
2	Yes, but I do not participate
3	No
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>IN06Q03</b>	Multiple Select	
Ask If	C08Q09 = 1 OR C08Q09 = 2	
<b>{C08Q09 = 1, Does your employer..., Does your company...}</b>		
MARK ALL THAT APPLY		
PLEASE READ		
4 COLORECTAL)		
1	Provide tobacco cessation assistance	
2	Promote physical activity and fitness	
3	Offer healthy snacks and foods in the cafeteria and vending machines	
4	Provide access to recommended cancer screenings (breast, cervical, and*	
5	Provide access to quality cancer treatment and clinical trials	
8	NONE OF ABOVE OPTIONS OFFERED	EXCLUSIVE
7	DON'T KNOW/NOT SURE	EXCLUSIVE
9	REFUSED	EXCLUSIVE

<b>IN06Q04</b>	Multiple Select	
Ask If	IN06Q03 = 4 OR IN06Q03.2 = 4 OR IN06Q03.3 = 4 OR IN06Q03.4 = 4	
How {C08Q09 = 1, does your employer, does your company} increase access to recommended cancer screenings?		
MARK ALL THAT APPLY		
PLEASE READ		
3 RECOMMENDED CANCER SCREENINGS		
5 WORKERS, SUCH AS THE INDIANA BREAST AND CERVICAL CANCER PROGRAM		
01	Allow time off for recommended cancer screenings	
02	Offer cancer screenings at the worksite	
03	Reduce and/or eliminate co-pays, co-insurance, or deductibles for*	
04	Offer paid time off for recommended cancer screenings	
05	Promote free or low-cost screening services for the un- or underinsured*	
06	Provide one on one education about cancer screenings	
07	Conduct worksite-wide education campaigns that target breast, cervical and colorectal cancer	
08	Introduce specialized on-site screenings	
09	Other	OTHER
77	DON'T KNOW/NOT SURE	EXCLUSIVE
99	REFUSED	EXCLUSIVE

<b>IN06END</b>	Pause	
Ask If		